

A STUDY OF FORTY-ONE APPLICATIONS AND SERVICES RENDERED TO
PERSONS SIXTY YEARS OLD OR OLDER IN FAMILY SERVICE OF
CINCINNATI AND HAMILTON COUNTY IN
SEPTEMBER, 1949

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF
SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
ELLEN LOUISE TUCKER

ATLANTA, GEORGIA
JUNE 1950

Re: 11 P-39

TABLE OF CONTENTS

11

Chapter	Page
I. INTRODUCTION.....	1
Significance of the Problem.....	1
Purpose of the Study.....	3
Scope of the Study.....	3
Acknowledgments.....	4
II. TYPES OF PROBLEMS CONFRONTING THE AGED.....	5
Agency Services.....	5
The Requests for Services.....	6
III. CASE WORK SERVICES RENDERED TO THE AGED.....	13
Concrete Services Rendered.....	14
Supportative and Counseling Services.....	17
IV. COMMUNITY RESOURCES FOR THE AGED.....	25
Cooperative Financial Planning.....	26
Substitute Care for the Aged.....	28
Services for Medical Care.....	29
Services for Recreational Facilities.....	30
V. CONCLUSION.....	33
APPENDIX.....	36
A. Schedule.....	37
BIBLIOGRAPHY.....	38

CHAPTER I

SIGNIFICANCE OF THE PROBLEM

During the past two decades there has been an increasing interest in the status, health, and welfare of aged people. According to the census reports, this group is increasing in size. In 1900, there were 3,080,498 persons sixty-five years of age or older which was 4.1 per cent of the total population. By 1940 this figure had reached 9,019,314 or 6.8 per cent of the total population. It is estimated that by 1980 this group will constitute 14.4 per cent of the total population.¹

Care for the aged and provisions for this group have always constituted a problem. Gradually, the use of "almshouses" and "county homes" as refuges for those in later years of life has become non-acceptable, and it has been advocated that the aged person be cared for in his own home. Under the Social Security Act of 1935, this has been made possible by means of Old Age Assistance and Old Age and Survivors Insurance and more recent proposals for medical care for the aged under social security measures.²

For the modern, urban family, the prospect of three and

¹U.S. Bureau of Census, Sixteenth Census of the United States; Population: Age Composition for the U.S., Urban and Rural and for the States, (Washington, 1940), p. 10.

²Robert Lansdale et al., The Administration of Old Age Assistance (Chicago, 1939), p. 3.

four generations under one roof, brings about problems between the older and younger members of a family, and increases the difficulties in handling familial conflicts centered around the aged person. Moreover, the matter of financial support frequently complicates the picture. With the higher accident rates characteristic of the aged and the necessary risks as to insurance, the aged person finds it difficult to maintain himself economically and must depend on other sources for support. Often, the family, which would normally assume this responsibility, is not able to maintain an additional non-contributing dependent on its limited budget. More and more, the responsibility for the aged has been transferred from the family to public and private agencies which help to meet the socio-economic and emotional needs of the aged.¹

In addition, the feeble or chronically ill, aged person presents problems for a family not equipped to furnish the necessary care. The family may not be aware of hospital and nursing resources within the community that are available and may struggle along with the aged individual; this may cause hostile feelings because of the costly, time consuming responsibility. There is further difficulty created for a family which is unable to face the indicated institutionalization of its aged member because of emotional ties and because

¹Robert Havinghurst, "Old Folks Take The Spotlight," Survey, LXXXV (February, 1946), 105-6.

it feels obligated to assume responsibility for his care.

The writer became interested in the problems of the aged person while a field work student at Family Service of Cincinnati at Hamilton County in Cincinnati, Ohio.¹ Further interest was stimulated in September 1949 when a survey conducted by the Family Service Association of America was made to determine the extent of the services to the aged by The Family Service Agency in Cincinnati, Ohio.

Purpose of the Study

This study aimed to point out the problems of the aged who came to a family agency and the role of the Family Service of Cincinnati and Hamilton County in meeting the needs of the aged in the community, to indicate the resources available, and to point out gaps that prevented effective services being given to an aged person.

Scope of the Study

This study covered forty-one active cases known to Family Service of Cincinnati and Hamilton County, Cincinnati, Ohio in September 1949, in which there were one or more persons sixty years of age or older.

Method of Procedure

The methods used in the study included the formulation of a schedule to study the selected cases. Conferences and

¹Hereafter referred to as Family Service or Agency.

interviews with the Agency staff members who had some familiarity with the cases. These data were supplemented by pertinent literature on the subject.

Acknowledgments

The writer wishes to acknowledge, with grateful appreciation, the help of Miss Jean Leach, Assistant Case Work Supervisor and Miss Dorothy Cunningham, Caseworker at Family Service of Cincinnati and Hamilton County, Cincinnati, Ohio, and those caseworkers who made available the cases used in this study.

CHAPTER II

TYPES OF PROBLEMS CONFRONTING THE AGED

The problems presented to the Family Service Agency in the forty-one cases studied as related to old age were not peculiar to the aged group alone but were of the same type faced by any individual striving to make adequate social and personal adjustments. They differed only in the fact that the individual was aged and unable to make as rapid an adjustment as might be expected or because he was too rigid to accept any adjustment that might prove satisfactory.¹ The Family Agency, as a social work organization dealing with individual adjustments occupied a unique position in assisting in the solution of problems faced by the aged. It offered case work services and differential treatment geared to the specific problems presented by the aged individual.²

Agency Services

Family Service offered a range of services from environmental manipulation and advice giving to sustained counseling. Services were given in a few interviews or

¹R. Reynolds, A. Powell, and M. Zilditch, "Case Work and the Aging Population," Journal of Social Casework, XXX (February, 1949), 59.

²Family Service of Cincinnati and Hamilton County, "Scope of Program" (Cincinnati, Ohio, 1945), p. 1 (Mimeographed.)

extended over a much longer period of time. Case work was based upon a study of the psycho-social factors by which an aged individual and his family were affected including financial problems, unemployment, illness, poor housing as well as strained inter-personal family relationships.¹

There were three sources from which the requests for services came. Twenty requests of the forty-one cases studied came from relatives of the aged person, who asked agency help in coping with the problems presented by the presence of an aged individual in the home. Fifteen requests came directly from the aged individual who was capable of seeking outside help in the solution of his problem. The remaining six requests for services for the aged person were initiated by neighbors, friends or someone outside the family group who was interested in the welfare of the individual and felt that Family Service offered the type of help needed by the aged person.

The requests for services made to the Agency and the problems from which these requests grew varied. Although the aged client's circumstances indicated several problematic situations, one growing out of another, all had to be met and handled if a satisfactory adjustment were to be made by him.

The Requests for Services

As indicated in Table 1, eighteen of the forty-one cases

¹Ibid., p. 5.

studied presented problems based on economic factors, seven of which led to direct requests for financial assistance from the Agency to enable the client to meet his expenses. Typical of the request for financial assistance was that made by Miss T., who was sixty-five years of age. She explained that she had been living with her sister and an alcoholic brother-in-law and depended upon them for financial support, because she was unable to work. Her sister's wages had decreased, and the family was having difficulty in managing. Miss T., felt if she could secure some help from the Agency, it would help her meet current expenses of the family. A referral was made to the Department of Public Welfare, and Miss T., was encouraged to obtain a physical examination as a means of clarifying her condition.

TABLE 1

CHIEF PROBLEMS CAUSING REQUESTS FOR AGENCY SERVICES

Type of Problem	Chief Problems
Total cases	41
Problems based on economic factors	18
Financial assistance	7
Planning and budgeting	6
Living facilities	4
Unemployment	1
Problems based on medical factors	13
Physical	11
Mental	2
Problems based on emotional conflicts	10
Family relations	8
Personality adjustment	2

Six requests of the eighteen economic problems centered around planning and budgeting for the aged person who was too feeble or incapable of planning for himself. Family Service helped to make plans for substitute care through boarding homes, when the aged individual could not care for himself, assisted the aged client in establishing his eligibility for an Old Age Assistance grant, and helped the aged client who was living alone to secure more satisfactory living conditions. For example, Mrs. E., sixty years of age, was about to be released from a mental hospital where she had been confined for twelve years. She was separated from her husband prior to her hospitalization and had no relatives in the city. The hospital worker asked that the Agency help make plans so that she would be able to maintain herself upon release.

Housing, or problems centered around living facilities, constituted difficulties for four aged clients. Their requests included plans for nursing or boarding home care because they needed a protective environment or because of infirmities. Miss A., eighty-two, was sent to the Agency office by a friend. She requested help in finding a place to live because she had to move. The case worker noted that Miss A., was obviously senile and probably mentally ill. After consultation with relatives, plans were made for Miss A., to enter a rest home. These arrangements had to be made slowly because Miss A., was suspicious and fearful of everyone.

There was only one direct request for Agency help in

securing employment. The awareness of the scarcity of occupational opportunities for the aged accounted in part, for the small number of requests in this area.¹ An aged client, Mrs. R., sixty-one, came to the Agency to secure work through the Agency's Homemaker Service. She was living with a daughter's family, managed this home and was paid six dollars a week. According to Mrs. R., this was enough to meet her needs, but she explained that it was difficult to live with the family because of her daughter's disposition. She admitted that she wanted to become financially independent in order to move away from the family.

Medical factors were the basis for requests for services in thirteen cases and required planning of substitute care for the aged individual in his own home through homemaker services, requests for help in securing a companion, or assistance in arranging admittance to hospitals. Two of the problems in this area necessitated financial planning to meet the medical expenses of the client. In one of the cases, Miss B., who worked to support her eighty-year-old grandmother and sixty-three-year-old mother, requested help from the Agency because of her concern about her mother's behavior. Her grandmother was an invalid, consequently, Miss B., accepted the idea of

¹Case Work with the Aged (Family Welfare Association of America Publication), (New York, 1939), pp. 11-12.

institutionalization for her and was able to plan such care. In the course of contact with the Agency, Miss B., felt that her mother needed custodial care for protection because she was engaged in some petty stealing which might become serious. After the grandmother had been placed, it was possible to draw the mother into a treatment plan because of her hypochondrical reactions. Through the Agency, appointments were arranged for her to receive attention at the medical clinic, and later a referral was made for psychiatric help. Placement in a rest home rather than in an institution for the aged mother was finally planned.

In two cases, mental illness was the precipitating factor in requests for services from the Family Agency. In one of these cases, plans for institutionalization were indicated. Mr. M., was concerned about his wife whom he felt needed to be institutionalized. He was not sure about taking the necessary procedure in placing her and came to the Agency about this problem and his own feelings about taking such a step.

Ten requests focused upon the inter-personal conflicts between the aged person and his family or persons with whom he came in contact. Eight of these requests stemmed from strained family relationships indicating that despite the fact that the family attempted to fulfill its function in caring for the aged, the aged person remained the source of much friction and maladjustments both for the aged person and

members of his family.¹ Requests for interviews to discuss such problems were made, and help in planning was essential in order that there could be adequate and desirable institutionalization if necessary.

For example Mrs. K., continued living alone in her large home for many years after her grandchildren whom she had reared, moved away. Although her husband was deceased, Mrs. K., preferred to live alone and to maintain a home for a grandson who had been incarcerated. She was depending on him to help her maintain the home when he was released from prison. Her other grandchildren, who had families of their own, opposed her plan and wanted their grandmother to sell the house and establish residence in an institution. None of them assumed financial responsibility for Mrs. K., yet they objected to her filing an application for Old Age Assistance. Further exploration of Mrs. K's situation revealed that she suffered from arthritis and really was fearful about living alone with no income. The grandchildren, however, would not cooperate in making plans and blamed each other for failure to provide for her.

Two requests for services were based on the aged individual's inability to readjust to a new situation. Mrs. N., for example, came to the Agency because she was worried about

¹Flora Fox, "Family Life and Relationships As Affected by the Presence of the Aged," Mental Hygiene in Old Age (New York, 1937), pp. 1-13.

her sixty-year old husband's behavior. Mr. N., made garden ornaments and had been doing this for several years because illness prevented him from doing more strenuous work. His income from this employment was not sufficient to maintain the family and, consequently, Mrs. N., was working. Although the couple had a twenty-two-year-old son in the army, Mrs. N., complained that because of her husband's excessive drinking, their sexual relationship was strained. She further expressed the feeling that the situation was becoming unbearable for her.

The majority of the problems which the aged individuals brought to Family Service fell within the range of the Agency's function and furthermore, pointed up the fact that the difficulties for the aged person were very similar to those of other age groups. There was indication, however, from the nature of the requests, that problems of the aged group warranted special attention by the Agency and the community as a whole.

CHAPTER III

CASE WORK SERVICES RENDERED TO THE AGED

The objective of the Family Service has always been to provide case work services to families which will help them make the most satisfactory and socially productive adjustments. Although emphasis was placed on problems which effected the welfare and unity of a family group, services were also provided to an unattached person living apart from his family. In working with an aged individual, the Agency offered services to those ineligible for public assistance and who showed some capacity to utilize case work help.¹

The case work method of dealing with problems required a study of important personal and social factors in the situation. After study and some interpretation, formulation of a plan with the individual was attempted on the basis of the resources of the community, the scope of the agency and the capacity of the individual himself.² This individual approach to problems was one of the important services in family case work with an aged client.

There were many problems confronting the older person which could not be handled collectively; each had to be treated

¹Family Service of Cincinnati and Hamilton County, op. cit., p. 2.

²Gordon Hamilton, Theory and Practice of Social Casework (New York, 1940), pp. 166-169.

separately and an adjustment attempted that was satisfactory for the particular client. Moreover, it was important to recognize that an aged person's capacity to adjust to situations could not be compared with another individual of the same age but could only be evaluated on the basis of experiences and reactions to previous situations of a similar nature.¹

Concrete Services Rendered

The forty-one cases known to Family Service included forty-seven individuals over sixty years of age, who presented problems which required a differential case work approach. It was difficult to separate the cases according to economic need in view of the fact that there were emotional components and personal factors involved in the social situations which the clients presented.²

The difficulties around financial assistance and maintenance were present in fifteen cases. Twelve of these were referred to the Public Welfare Agency because the difficulty in these cases was a basic need for financial aid requiring long term care which could be more adequately handled by the Public Assistance Agency. Ten of the twelve referred cases were closed by Family Service within the same month of application because the client indicated no further desire for

¹Lucile Austin, "Trends in Differential Treatment in Social Case Work," Journal of Social Casework, XXIX (June, 1948), 203-11.

²Gordon Hamilton, op. cit., pp. 14-15.

assistance from the Agency other than referral.

In only two of the twelve cases did the clients continue their contact with Family Service after the referral was made. One aged client was unable to accept such referral and returned to the Agency for help with other problems. In the remaining case, the client was having difficulty in establishing eligibility for Old Age Assistance and maintained contact with the Agency in handling this difficulty.

Of the fifteen cases necessitating financial planning, Family Service did provide financial assistance to three of them. This assistance enabled the client to meet his immediate situation more adequately and to make further plans. Such was the case of Mrs. C., who came to the Agency at the suggestion of the medical social worker of a private hospital. This client was receiving an Old Age Assistance grant and attending the clinic. She found it impossible to defray the cost of necessary medicine from her grant and asked the Agency for funds to meet this need. The Public Assistance agency was contacted in reference to the amount of Mrs. C's grant and found it impossible to increase her allowance to cover medical care. In discussing the situation with Mrs. C., her fears about attending a free clinic and refusal to do so were revealed. It was thought advisable to confer with her doctor about the possibility of a lower fee, and as a result, a plan was made to charge only the minimum rate for his services. Family Service Agency, therefore, supplemented the Old Age

Assistance grant until the required medication was no longer essential.

In addition, eleven cases of the forty-one studied required some environmental modification.¹ Long term care outside the home in the form of boarding homes, convalescent homes, nursing homes and foster homes services² were necessary in these cases. Family Service made available a list of such homes to those clients requesting or indicating a need for such service.³ In eight of the eleven cases the Family Service Agency enabled the aged client to find a suitable home. Under the guidance of an Agency worker, the prospective home was visited by the aged person, and he was helped to make a final decision about his housing. In two cases, an advertisement was inserted in a daily newspaper, when the homes listed did not meet the approval of a client.

Frequently, the securing of a suitable nursing home constituted a real problem for a family. For example, Miss D., eighty-five, was living alone, and upon request of her nephews, the Agency assisted her to make satisfactory living arrangement. A nursing home was chosen by Miss D., and with help of a case worker, she was able to make a fairly comfortable adjustment

¹Ibid., p. 169.

²Margaret Wagner, "Foster Home Care For the Aged," Journal of Social Casework, XXVII (October, 1946), 238.

³Family Service of Cincinnati and Hamilton County, op. cit., pp. 1-2.

after a great deal of complaining. In addition to finding homes and making placements, which constitutes a real skill on the part of the case worker, continued contacts with the aged person were essential to facilitate adjustment to the new situation and to stimulate and encourage continued visits from relatives.¹

In two of the eleven cases requiring foster home care, institutional planning was essential. As is frequently the case, the private social agency is requested to assist in planning and preparing both the client and his family for separation, in the form of confinement or commitment to an institution.² The difficulties of living with, and maintaining an emotionally disturbed or mentally ill aged person in the home were many, and required much interpretation in addition to psychological support to help a family face and accept removal of an aged person from his familial setting.

Mr. G., was illustrative of a relative who came to the Agency exhibiting a great deal of concern over his sixty-year old wife who was mentally disturbed and bed-ridden. He realized that placing her was the only step he could take because it was becoming more difficult for him to care for her, but he could not face transferring her to an institution.

¹Margaret Wagner, op. cit., p. 239.

²Ollie J. Randall, "The Family In An Aging Population," Survey, LXXXVI (February, 1950), p. 72.

While Mr. G., was being helped to work through his own feelings about placing his wife, the Visiting Nurse Association was contacted, and arrangements were made for nursing care for Mrs. G., at home during the day. After having had some interpretation and support from the Agency, Mr. B., was able to accept separation from his wife and to take the steps essential to place her.

In two cases, the Agency's homemaker service was utilized to provide temporary care for an invalid aged person in his own home. Although homemaker service¹ is used as general practice in families with children needing care during the absence of the mother, exceptions were made in the two cases of aged clients because other arrangements could not be made immediately, and temporary plans had to be formed. In one situation, a daughter was employed and lived with her aged mother. When her mother became ill, she was obliged to remain home from work to care for her. She came to the Agency for help in making plans for her mother because it was necessary for her to return to work as soon as possible. A homemaker was placed in the home while attempts were made to employ a permanent companion for the mother. When this person was found, the homemaker services provided by the Agency were discontinued. In the remaining case, the family had been referred by another

¹Bodil Fenger, "Selection of Homemaker for a Family," Journal of Social Casework, XXIX (June, 1948), 222.

case work organization in the community for homemaker service which was provided.

Family Service made direct attempts to secure proper medical care for clients in five cases as a means of helping them make adjustments to their situations. In three of the five cases, appointments were made at hospitals, the Agency provided transportation, and an agency worker accompanied the client to the clinic. For example, Mrs. K., was suffering from a severe arthritic condition and was unable to afford private medical care. An appointment was made at a local hospital for treatment, transportation was provided to and from the clinic, and a case worker remained with the aged client during the clinic appointment. In the remaining two cases, medical facilities were suggested to a client who had sufficient ego strength and resources to follow through on the referral without help from the Agency.

Supportive and Counseling Services

In addition to giving concrete services to aged clients on a social manipulative basis¹, Family Service Agency offered supportive and counseling services to both the aged client and his relatives as a part of an individualized, differential treatment plan. In assisting an aged person to adjust to his environment, resistance to change constituted one of the most outstanding emotional reactions. This resistance was not

¹Gordon Hamilton, op. cit., p. 169.

common to the aged group alone but is a reaction of most individuals faced with making a change. It is more pronounced with the aged person because of his advanced age and fixed habit patterns. People, generally fear giving up established ways for newer ones. Because this response seems characteristic of the aged person, it is often concluded that he has no capacity for growth and change. Continuous work with the aged client has shown that an older person does have the capacity to change, to accept and adjust in new and different situations.¹

The aged individual quite often, is without a family, or isolated from his family because of his egocentricities. Consequently, he does not have normal personal contacts with individuals interested in him and in his welfare. As a result of this, he does not always receive sufficient love, affection or approval to enable him to move into new areas and combat the source of emotional isolation that sets him apart from individuals younger than himself.² It is in this area that the psychological, supportive relationship offered in case work contacts prove to be a satisfactory outlet for feelings which enabled the aged clients studied to function in a more adequate

¹Joan Smith, "Psychological Understanding of Case Work With the Aged," Journal of Social Casework, XXIX (May, 1948), 188.

²Ollie F. Randall, op. cit., p. 69.

fashion.¹ Moreover, as a part of this relationship, there was a constant need for interpretation to relatives and friends who came in contact with the aged person as to his needs and desires in order that they could become more understanding and accepting of his behavior.²

In seventeen of the forty-one cases there was counseling with the aged person; in twelve, counseling with relatives, friends, employers, and other interested persons; and in nine cases, there was clarification of the situation with both the aged person and an interested individual. In ten cases, a supportive relationship with a social case worker facilitated the use of the environmental assistance offered. It was necessary in some instances for an aged client to make a change in his usual mode of living. Consequently, there was much need for a supportive contact to give him encouragement and reassurance. This method was utilized in the case of Miss D., previously mentioned, who was placed in a nursing home but had difficulty in adjusting.

This was also true in the case of Mr. H., an eccentric, seventy-two-year-old bachelor, who was referred by a former

¹Margaret Wagner, "A Plea For the Older Client," Journal of Social Casework, XVIII (April, 1947), 149.

²Margaret Ryder, "Case Work With the Aged Parent and His Adult Children," Ibid., XXVI (November, 1945), 247.

employer. He was not friendly in his approach to the worker on the first contact, but his need to be dependent and for interest and acceptance was recognized. When an injury necessitated an operation, Mr. H., began to rely upon the case worker and asked her assistance in arranging his admission to a hospital. After the operation, it was impossible for Mr. H., to continue living alone and foster home care was recommended for him. The Agency worker contacted Mr. H's relatives, helped them dispose of his furniture and prepared them for his placement. During these contacts, Mr. H., expressed some distrust of his relatives and gave evidences of being unable to manage his money. At his request, the Agency worker helped him to manage his affairs, kept an account of his expenses, and negotiated certain business transactions.

Prior to Mr. H's discharge from the hospital, an advertisement was placed in the newspapers for a suitable home, visits were made to those chosen by Mr. H., and arrangements made for his entrance to the one of his choice. After he had been settled in his new home, continued visits were made, giving Mr. H., an opportunity to discuss some of his feelings and enabling him to accept the change he had made. Some interpretation of Mr. H's behavior was necessary to the boarding home mother to help her handle some of the problems he presented. With continued support from the Agency and interpretation to the boarding home mother, the placement for Mr. H., gradually proved satisfactory.

Case work services were given to interpret and clarify the aged person's behavior to other individuals interested in his welfare and to those persons with whom he came in close contact. This method was used effectively in cases where there were strained familial relationships because of the presence of an aged individual. In eight of the cases this was accomplished by means of counseling with those concerned about the care of the aged. In the remaining four cases, case work services took the form of advice about the resources available and interpretation of the need for change in planning care for the aged. For example, Miss Y., was brought to the attention of the Agency by an aged brother because he was anxious about her welfare and her dwindling income. Although the Agency realized that the initial request for help was not the real problem, efforts were made to obtain public assistance. When the aged sister was able to secure a job and the problem of her income temporarily solved, the aged brother continued to come to the Agency to discuss his experiences which indicated his need to have some one with whom to talk and a desire for social contacts.

Family Service Agency was able to help with social and personal problems of the aged clients in the forty-one cases studied. First, concrete services were rendered which included referrals, financial assistance in those cases in which the need was only temporary, or arrangements for substitute home care and homemaker services where no other plans could be formulated immediately. Second, supportive and counseling

help, which extended to interpretation and clarification of the situation, was given both alone and in conjunction with the concrete services rendered to the aged client and his relatives. These services were offered with consideration of basic case work principles embodying the right of an aged person to self-determinism, the recognition of his ability to participate in and carry out plans aimed at adequate social adjustment in accordance with his personal desires and capacity.¹

¹Charlotte Towle, "Common Human Needs In Public Assistance Programs," Social Service Review, XVIII (December, 1944), 473.

CHAPTER IV

COMMUNITY RESOURCES FOR THE AGED

The approach to the problems presented by the aged group at Family Service indicated a need for more than economic security for the aged person. The passage of the Social Security Act of 1935 did provide a measure of economic security through governmental sources, but this service in the form of Old Age Assistance did not always prove to be sufficient to meet the needs of the aged individual.¹ To function adequately and to gain emotional satisfaction the aged person requires more than economic means. There must be additional facilities available to meet the particular needs of the aged person such as medical services on a long-term care and treatment basis and foster homes that provided adequate personalized care for the unattached older person or for one who must be removed from his home because his presence is precipitating a family breakdown.² Moreover, clubs, study groups and recreational facilities that make it possible for the aged person to engage in some type of activity were also essential.³ The Family

¹Rose J. McHugh, "Essentials in a Constructive Program for the Aged," (San Francisco, California, 1947), p. 7 (Mimeographed.)

²I. M. Rubinow, The Care of the Aged (Chicago, 1931), p. 76.

³Grace Browning, "Social Service and the Aged," The Family, XVII (December, 1936), 271.

Service Agency, in its work with the aged client, utilized many resources in the community to meet the needs of the aged. In twenty-nine of the forty-one cases studied, financial, medical, foster home, and institutional resources were used to help an aged client make a more satisfactory adjustment.

Cooperative Financial Planning

Economic need remained paramount in the problems of the indigent aged coming to the attention of the Agency. Fewer employment opportunities and the lack of adequate savings accounted for the fact that during the non-productive stage of later life, an aged individual had to depend on relatives or the available social services in the community to meet his economic need. Under the Social Security Act of 1935, financial responsibility for the aged became a public function. In Ohio, an old age pension law existed which was amended and administered through the State Department of Public Welfare, Division of Aid for the Aged in the form of cash grants.¹

In addition to providing some measure of financial assistance to eligible individuals, the program of Old Age Assistance offered case work services to them. However, because of the size of case loads in this program, there often was not time to devote to intensive case work necessary for an

¹Old Age and Survivors Insurance is available under the Social Security Program but was not a resource for the group studied. See Social Security Board, Social Security in America, (Washington, D. C., 1937), pp. 156-162.

aged person. Moreover, the amount of Old Age Assistance grants were computed from a standardized budget and often were inadequate to meet the varying needs of an individual client. In many instances, the grants could not be increased to cover additional items, leaving a gap in funds to meet the needs of the aged person. Consequently, the aged individual often had to rely upon the private social agency for help with additional expenses.

Although it is generally agreed that the public agency has responsibility to meet the needs of an aged person when primarily financial in nature and that there is real danger in public agencies shifting financial responsibility to a private agency,¹ supplementation of public allowances for the aged was found to be essential in some situations. In the forty-one cases studied Family Service Agency supplemented the grant of the public agency to enable the aged recipient to purchase essential medical supplies. However, supplementation of Old Age Assistance grants by the Family Service Agency was more the exception than the rule. In those cases where this service was assumed by the Agency, it pointed to the inadequacies of the public agency and emphasized the need for cooperative planning between the public and private agencies

¹Linton Swift, "New Alignments Between Public and Private Agencies in a Community Family Welfare and Relief Program," Family Welfare Association of America (New York, 1934), pp. 2-3. See Edith Abbott, Public Assistance (Chicago, 1940), p. 552.

of the community.

Substitute Care For the Aged

In addition to having a program of financial giving administered by the Hamilton County Department of Public Welfare, the community has always had some type of "outdoor" substitute care for the aged persons in the form of the Hamilton County Home.¹ In planning care for the old persons, Family Service has more or less attempted to adhere to the principle of keeping individuals in their own homes. On the other hand, there were situations in which an aged person could not remain in his own home, and a substitute one had to be arranged for him. In addition to the County Home mentioned before, temporary nursing homes, convalescent and foster homes have been developed as more suitable welfare services in planning for an aged person outside of his home. Sometimes, commitment to state hospitals for the mentally ill or hospitals for chronically ill aged persons have had to be considered as part of the plan in meeting the needs of the aged.

In the forty-one cases studied, Family Service was instrumental in planning substitute care for eleven aged clients. These cases necessitated much case work handling, in view of the fact that the problems of separation did provoke emotional

¹Now called Chronic Disease Hospital and County Home. Letter from Jean Leach, Assistant Case Work Director, Family Service of Cincinnati and Hamilton County, Cincinnati, Ohio, May 5, 1950.

reactions for the aged person and his family. Case work skill was most essential in preparing both the aged person and his family for change and separation. Moreover, in some cases, temporary substitute care was offered by Family Service through nursing care and homemaker services,¹ as being beneficial to both the family and the aged person.

Those cases in which planning for nursing, foster home or boarding home was carried out, the Agency made no attempt to finance such services, but the aged person or his family was able to defray the costs of such care. In view of the fact that there were some families which were prevented from placing aged members in substitute homes because of an inability to pay, it seemed that there was a real need for public nursing and boarding homes for the aged person with limited financial means.

Services for Medical Care

The chronic nature of the illness of an aged individual constituted a real problem to the community plus the fact that the field of geriatrics is comparatively new and in the experimental stage. Disease such as, cardiac conditions, arthritis, arteriosclerosis were common to the aged individuals over sixty-five, and care for them required long-term treatment. So often treatment was taken unwillingly by an aged person

¹Gertrude R. Davis, "Visiting Housekeeper Service for the Aged," Journal of Social Casework, XXIX (January, 1948), 22.

because he felt that it was of no benefit to him, and this attitude impeded the progress he would normally make under treatment.¹

Family Service utilized the clinics of both private and public hospitals in the community in helping the aged clients obtain adequate medical attention. These clinics offered diagnostic and treatment services for the physical ailments of five of the forty-seven clients in the forty-one cases studied. In some instances, it was necessary that the client be hospitalized either in an institution offering general care or in one for chronic cases. The tax-supported institution, Chronic Disease Hospital and County Home provided facilities for chronic care of clients unable to pay the high entrance fee of the private chronic disease hospital. Although facilities for long-term chronic care existed, a real need for more institutions offering this service to aged persons with small incomes was evident.

Services for Recreational Facilities

The area of recreation is one that has been neglected in planning for the aged group in Cincinnati and Hamilton County. Aged members were usually unemployed, were unable to maintain their previous social contacts because of senility, and had few friends with whom they could maintain continuous contacts.

¹Lawson G. Lowrey, Psychiatry For Social Workers (New York, 1946), p. 129.

This isolation from social relationships motivated, to a great extent, feelings of being inadequate and useless by the aged person.¹ The aged person had a desire to participate, but there were few activities geared to his slower tempo and pace.² Group work agencies are becoming more aware of the great need for planning programs for him and are cooperating with public and private agencies in providing activities.

The Family Service Agency did not receive any requests for help in recreational planning, but this was due, perhaps, to the lack of community awareness of the need for such facilities for the aged. Several Cincinnati community houses sponsored weekly meetings for individuals over sixty-five years of age and offered an opportunity for an aged individual to widen his circle of friends and to associate with his contemporaries.

If the aged individual is to feel that he is a part of the community, there must be provisions made to reduce his isolation and ways to help him feel acceptance as a contributing member of the community. It would seem that if a program for the care of the aged in a community is to be effective, there must be cooperative planning between those agencies which attempt to work with them. This involves clarification of

¹A. Kardiner, "Psychological Factors In Old Age," Mental Hygiene In Old Age (New York, 1937), p. 26.

²Morris Chase, "Recreation For the Aged," The Family, XIX (November, 1938), 223.

services and functions of both public and private agencies in a concerted attempt to improve existing community resources and to create those needed for the aged.

CHAPTER V

CONCLUSIONS

As the number of aged people has increased there has been growing concern for the welfare of the aged group and the problems this group exhibit. Earlier methods of care provided in the "outdoor" relief of "almshouses" and "county farms" have proved inadequate. In addition, the family which is the basic institution for the care of the aged individual has indicated that the care required for an aged member is difficult to provide in the modern, urban community. Moreover, the economic responsibility which the family must assume, frequently has many emotional components involved in the interpersonal relationships of relatives caring for aged family members.

A study of the forty-one cases of aged clients in Family Service of Cincinnati and Hamilton County emphasized the diversified nature of the needs of aged people. The differential approach to problems presented by this group in Family Service of Cincinnati and Hamilton County was important in handling the variety of problems and situations of the aged. These problems did not differ basically from those faced by other age groups, in view of the fact that older people have the same need for recognition, attention and affection as have individuals in other age groups. The majority of the services given to an aged client by Family Service was on an environmental manipulative basis, and because of this, the

effectiveness of the Agency's work with this group depended upon the resources available within the community for the aged individual. There were also supportative and counseling services for interpretation to both the aged client and his relatives in accepting his situation.

The public agency offered financial assistance and gave case work services to its recipients, however, the large case loads in the public agency hampered the effectiveness of its services to the aged individual. Family Service because of its smaller case loads was able to focus on many areas not covered by the public agency. Services to the aged client included substitute care for the aged person through homemaker placements, foster home and boarding home placements in addition to special attention to separation problems and medical needs. Although the Agency was limited in providing substitute care because of the lack of community resources, Family Service of Cincinnati and Hamilton County covered an important and necessary aspect in a program of care for the aged individual. Through these services, it pointed out the benefits of such attention to both the aged client and his relatives and emphasized the need for more and better substitute care facilities.

As the public agency becomes more aware of the great need for public community resources, it may be able to incorporate such practices as a permanent part of its program and thus extend such benefits to a larger number of aged

individuals of limited means. The provision of facilities in the community for the aged requires considerable coordination and planning of public and private agencies. A growing awareness, by the community as a whole, of additional facilities needed in the care of the aged is evidenced by the revamping of the tax-supported County Home to include facilities which provide for care of the chronically ill aged. This institution will care for a larger number of individuals in the middle income group who cannot afford the expensive care of private chronic disease hospitals and nursing homes.

A study of forty-one aged clients and the problems they presented indicated that care for the aged individual is expensive and necessitates planning during the productive period of life. Such planning is facilitated now through governmental provisions under Old Age and Survivors Insurance and other insurance plans. If larger numbers of people were made aware of such plans and took advantage of their benefits, expensive care would no longer pose a problem to an aging individual. In addition, medical needs and recreational needs of old persons require concerted attention if they are to be considered contributing and meaningful members of society.

APPENDIX

SCHEDULE

NAME:

AGE:

SEX:

COLOR:

RELIGION:

MARITAL STATUS:

OTHERS IN HOUSEHOLD:

(Relation)

S.S.E. CLEARINGS:

CASE STATUS:

OPEN

CLOSED

APPLICATION DATE

NEW

OLD

RECURRENT

SOURCE OF APPLICATION:

PROBLEM PRESENTED
AS SEEN BY CLIENT:

INTAKE

LATER

PROBLEM PRESENTED
AS SEEN BY WORKER:

ACTIVITY OF WORKER:

COMMUNITY RESOURCES UTILIZED:

IF REFERRED, REASON FOR REFERRAL:

DATE OF CLOSING:

BIBLIOGRAPHY

Books

Abbott, Edith. Public Assistance. Chicago: University of Chicago Press, 1940.

Family Welfare Association of America. Case Work With the Aged. New York: Family Welfare Association of America Publication, 1939.

Family Welfare Association of America. Mental Hygiene in Old Age. New York: Family Welfare Association of America Publication, 1937.

Hamilton, Gordon. Theory and Practice of Social Case Work. New York: Columbia University Press, 1947.

Lansdale, Robert, et al. The Administration of Old Age Assistance. Chicago: R. R. Donnelly and Sons Company, 1939.

Lowery, Lawson. Psychiatry for Social Workers. New York: Columbia University Press, 1947.

Rubinow, I. M. The Care of the Aged. Chicago: The University of Chicago Press, 1931.

Swift, Linton. New Alignments Between Public and Private Agencies in a Community Family Welfare and Relief Program. New York: Family Welfare Association of America Publication, 1934.

Public Documents

Social Security Board. Social Security in America. Washington: Government Printing Office, 1937.

U.S. Bureau of the Census. Sixteenth Census of the United States: 1940 Population, Vol. II. Washington: Government Printing Office, 1941.

Articles

Austin, Lucile, N. "Trends in Differential Treatment in Social Case Work," Journal of Social Case Work, XXIX (June, 1948), 203-11.

Browning, Grace. "Social Service and the Aged," The Family, XVII (December, 1936), 271-75.

- Chase, Morris. "Recreation For the Aged," The Family, XIX (November, 1939), 223-27.
- Davis, Gertrude R. "Visiting Housekeeping Services For the Aged," Journal of Social Case Work, XXIX (January, 1948), 22-26.
- Fenger, Bodil. "Selection of Homemakers For a Family Agency," Journal of Social Case Work, XXX (December, 1949), 407-11.
- Havinghurst, Robert. "Old Folks Take the Spotlight," Survey, LXXXV (February, 1946), 105-7.
- Hill, Ruth. "Focusing Attention on Older Peoples Needs," Journal of Social Case Work, XXX (December, 1949), 407-11.
- Randall, Ollie. "The Family in a Aging Population," Survey, LXXXVI (February, 1950), 67-72.
- Reynolds, R., Powell, A., Zilditch, M. "Case Work and the Aging Population," Journal of Social Case Work, XXX (February, 1949), 59-63.
- Ryder, Margaret. "Case Work with the Aged Parent and His Adult Children," Journal of Social Case Work, XXVI (November, 1945), 247-50.
- Smith, Joan. "Psychological Understanding of Case Work with Aged," Journal of Social Case Work, XXIX (May, 1948), 188-92.
- Towle, Charlotte. "Common Human Needs in Public Assistance Program," Social Service Review, XVIII (December, 1944), 473-77.
- Wagner, Margaret. "Foster Home Care For the Aged," Journal of Social Case Work, XVIII (April, 1947), 149-53.

Unpublished Material

- Family Service of Cincinnati and Hamilton County. "Scope of Program." Cincinnati, Ohio, 1945. (Mimeographed.)
- Letter from Jean Leach, Assistant Case Work Director, Family Service of Cincinnati and Hamilton County, Cincinnati, Ohio, May 5, 1950.
- McHugh, Rose. "Essential in a Constructive Program for the Aged." San Francisco, California, 1947. (Mimeographed.)